

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH PTO-875)

SERIAL NO. 107524960

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3		1				
4		1				
5		1				
6		1				
7	1					
8	1	5				
9	Missing no.					
10						
11						
12						
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15						
16						
17						
18						
19						
20						
21						
22	1					
23		5				
24	1					
25		5				
26	1					
27		5				
28	1					
29		5				
30	1					
31		5				
32	1					
33		5				
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48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						